

INTERMITTENT EMPLOYMENT-EMPLOYEE STATUS DETERMINATION

Date: _____

Name: _____

Position: _____

Location of Work Site: _____

Tasks and Duties Performed: _____

Number of days worked for City in this calendar year: _____

Status: Employee or independent contractor under a contract approved by the
Council (check with City Attorney if needed): _____

If independent contractor, do not continue.

PART-TIME STATUS

Scheduled Work: _____ days/week _____ hours/week

(Part-time limit for work unit having normal 40 hours/week - 14 hours)

(Part-time limit for work unit having normal 37.5 hours/week - 13 hours)

Regardless of hours scheduled for a person, how many hours of this type of work are
needed to be performed each day: _____ in the calendar year: _____

For how many days in this calendar year will the essential tasks of this position need to be performed by
someone? _____

For how many calendar years has this part-time position been used? _____

Does any other part-time position perform the same, or substantially equivalent, work?
_____ If so, how many? _____

If so, does any one or more of those part-time positions have a different beginning and
ending time or date of the daily scheduled hours or term of employment than this position? _____

Explain the scheduling of the part-time positions over the hours of the day and term of all the positions:

Describe the operational need for separate part-time positions doing same or substantially equivalent work at different periods of time.

FULL-TIME TEMPORARY STATUS

For how many days in this calendar year will the essential tasks of this position need to be performed by someone? _____

For how many calendar years has this temporary position been used? _____

Does any other temporary position perform the same, or substantially equivalent, work? _____
If so, how many? _____

If so, does any one or more of those positions have a different beginning and ending date of the term of employment than this position? _____

Explain the scheduling of the positions over the term of all the positions:

Describe the operational need for separate temporary positions doing same or substantially equivalent work at different periods of time.

Person filling out this form

Title

Review by: _____

Date: _____

Determination of Compliance: _____
Approved or Rejected